Satellite Accumulation Point Inspection Sheet

		YES	NO	REMARKS	
UNIT/ACTIVITY_____				**EQO:_____ STATE____**	**WASTE:_____**
DATE: _____				**BLDG.#: _____**	
APPROVED SSA DATE: _____		YES	NO	REMARKS	
40 CFR (RCRA) Requirements					
1. Are containers in good condition (dents, rust, leaks)? [40 CFR 262.34(c)(1)(i) and 265.171]					
2. Are containers compatible with the waste being accumulated? [40 CFR 262.34(c)(1)(i) and 265.172]					
3. Are containers closed except when adding/removing waste? [40 CFR 262.34(c)(1)(I) and 265.173(a)]					
4. Are containers properly marked? [40 CFR 262.34(c)(1)(ii)]					
5. Are container marked with date the container became full? [40 CFR 262.34(c)]					
6. Are containers being moved to the PPOC within 72 hours of becoming full? [40 CFR 262.34(c)(2)]					
7. Is the 55 gallon limit being exceeded? Acute toxics-1 quart. [40 CFR 262.34(c)(1)]			**X**		
8. Does the SAP have the capabilities to accumulate more than 55 gallons? Tab 11-EQO			**X**		
9. Have all the waste handlers been trained ? [40 CFR 262.34(a)(4) and 265.16]					
Desired Information Requirements					
1. Do container(s) accumulating waste have adequate secondary containment?					
2. Does the 6-part folder have all the required documentation?					
a. Six part folder part 1 complete					
b. Six part folder part 2 complete					
c. Six part folder part 3 complete					
d. Six part folder part 4 complete					
e. Six part folder part 5 complete					
f. Six part folder part 6 complete					
3. Is the SAP Compliance Poster posted?					
4. Have all waste streams been turned in with in 6 months? Turn in immediately if not….					
54. Is fire extinguisher in place, complete, and inspection tag updated?					
(X) 24 hours to correct deficiency(ies) found.				**Next SAP Operations Course:**	**Date:**
(XX) 72 hours to correct deficiency(ies) found.					**Times:**
Call Allen Gilbert at 798-9763 when corrected for re-inspection					**Building:**
INSPECTORS SIGNATURE: _____				**EQO/SUPERVISOR SIGNATURE**	_____
PRINTED NAME: _____				**PRINTED NAME**	_____
PHONE #: __798.9763_____				**PHONE #**	_____
Inspector's comments:					
				PRIMARY OPERATOR	_____
				DATE TRAINED	_____
				ALTERNATE OPERATOR	_____
				DATE TRAINED	_____
Number of RCRA violations. ( ) Corrected on the spot?					
Number of OSHA/Internal violations.( ) Corrected on the spot?				**NEXT INSPECTION DATE**	_____

UPDATED 07 FEBRUARY 03